

Application Data Sheet**Application Information**

Application number::

Filing Date::

Application Type::

Regular

Subject Matter::

Utility

Suggested classification::

Suggested Group Art Unit::

CD-ROM or CD-R?::

None

Number of CD disks::

Number of copies of CDs::

Sequence submission?::

YES

Computer Readable Form (CRF)?::

YES

Number of copies of CRF::

1

Title::

DIAGNOSTICS AND THERAPEUTICS FOR
DISEASES ASSOCIATED WITH N-ACETYLATED
ALPHA-LINKED ACIDIC DIPEPTIDASE 2
(NAALADASE 2)
004974.01110

Attorney Docket Number::

Request for Early Publication?::

NO

Request for Non-Publication?::

NO

Suggested Drawing Figure::

0

Total Drawing Sheets::

3

Small Entity?::

Latin name::

Variety denomination name::

Petition included?::

NO

Petition Type::

Licensed US Govt. Agency::

Contract or Grant Numbers::

Secrecy Order in Parent Appl.?::

NO

Applicant Information

Applicant Authority Type::	Inventor
Primary Citizenship Country::	DE
Status::	Full Capacity
Given Name::	Stefan
Middle Name::	
Family Name::	GOLZ
Name Suffix::	
City of Residence::	Essen
State or Province of Residence::	
Country of Residence::	DE
Street of mailing address::	Buckmannsmuhle 46
City of mailing address::	Essen
State or Province of mailing address::	
Country of mailing address::	DE
Postal or Zip Code of mailing address::	45326

Applicant Authority Type::	Inventor
Primary Citizenship Country::	DE
Status::	Full Capacity
Given Name::	Ulf
Middle Name::	
Family Name::	BRUGGEMEIER
Name Suffix::	
City of Residence::	Leichlingen
State or Province of Residence::	
Country of Residence::	DE
Street of mailing address::	Leysiefen 20
City of mailing address::	Leichlingen

State or Province of mailing address::
Country of mailing address:: DE
Postal or Zip Code of mailing address:: 42799

Applicant Authority Type:: Inventor
Primary Citizenship Country:: DE
Status:: Full Capacity
Given Name:: Andreas
Middle Name::
Family Name:: GEERTS
Name Suffix::
City of Residence:: Wuppertal
State or Province of Residence::
Country of Residence:: DE
Street of mailing address:: Schuckertstr 29
City of mailing address:: Wuppertal
State or Province of mailing address::
Country of mailing address:: DE
Postal or Zip Code of mailing address:: 42113

Applicant Authority Type:: Inventor
Primary Citizenship Country:: DE
Status:: Full Capacity
Given Name:: Stefanie
Middle Name::
Family Name:: POLEJ
Name Suffix::
City of Residence:: Radolfzell
State or Province of Residence::

Country of Residence:: DE
 Street of mailing address:: Feldstr. 10
 City of mailing address:: Radolfzell
 State or Province of mailing address::
 Country of mailing address:: DE
 Postal or Zip Code of mailing address:: 78315

Correspondence Information

Correspondence Customer Number:: 22907

Representative Information

Representative Customer Number:: 22907

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	National Stage of	PCT/EP2004/011402	12 October 2004

Foreign Priority Information

Country::	Application number::	Filing Date::	Priority Claimed::
EUROPE	03023854.7	21 October 2003	YES

Assignee Information

Assignee name::	BAYER HEALTHCARE AG
Street of mailing address::	
City of mailing address::	Leverkusen
State or Province of mailing address::	
Country of mailing address::	Germany
Postal or Zip Code of mailing address::	D-51368